

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

## UNITED STATES DISTRICT COURT

for the

District of OREGONPortland Division

Case No.

2:22-CV-01549-MC

(to be filled in by the Clerk's Office)

ALLIEANNA CHARLEY MANNERON

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

(SEE ATTACHMENT)J MILLER SUPERINTENDENT

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

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**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name ALLEANNA CHARLEYN MAHLERON

All other names by which  
you have been known: \_\_\_\_\_

ID Number SID # 21009232

Current Institution SNAKE RIVER CORRECTIONAL INSTITUTION

Address 777 STANTON BLVD  
ONTARIO OR 97814  
City State Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name J. Woodland

Job or Title (*if known*) ASSISTANT SUPER

Shield Number \_\_\_\_\_

Employer OREGON DEPT. OF CORRECTIONS

Address SRCI 777 STANTON BLVD  
ONTARIO OR 97814  
City State Zip Code

☐ Individual capacity ☒ Official capacity

**Defendant No. 2**

Name HIEDI STEWARD OREGON DEPT OF CORRECTIONS

Job or Title (*if known*) DIRECTOR OF OPERATIONS (DOC Headquarters)

Shield Number \_\_\_\_\_

Employer STATE OF OREGON GOVERNMENT

Address 3723 FAIRVIEW INDUSTRIAL DR SE SUITE 200  
SALEM OR 97302  
City State Zip Code

☒ Individual capacity ☒ Official capacity

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name ALLEANNA CHARLEYN MANHERON  
 All other names by which  
 you have been known: AKA CHARLES L BULFORD  
 ID Number 21009232  
 Current Institution SRCE  
 Address 777 STANTON BLVD  
ONTARIO OR 97914  
City State Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name LT RUSSELL  
 Job or Title (*if known*) LT OVER AIC'S WITHIN INSTITUTION Gen pop.  
 Shield Number \_\_\_\_\_  
 Employer ODOC SRCE  
 Address 777 STANTON BLVD  
ONTARIO OR 97914  
City State Zip Code  
☒ Individual capacity ☒ Official capacity

**Defendant No. 2**

Name SGT R. BROWN  
 Job or Title (*if known*) SGT OVER AIC'S WITHIN GENERAL POP.  
 Shield Number \_\_\_\_\_  
 Employer ODOC SRCE  
 Address 777 STANTON BLVD  
ONTARIO OR 97914  
City State Zip Code  
☒ Individual capacity ☒ Official capacity



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## Defendant No. 3

Name

SGT SHARP

Job or Title (if known)

Gen population SGT

Shield Number

Employer

ODOC SRCT

Address

777 STANTON BLVD

ONTARIO

OR

97914

City

State

Zip Code



Individual capacity



Official capacity

## Defendant No. 4

Name

SGT HOOD

Job or Title (if known)

SGT of General Population

Shield Number

Employer

ODOC SRCT

Address

777 STANTON BLVD

ONTARIO

OR

97914

City

State

Zip Code



Individual capacity



Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B.

N/A

Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

1st 4th 8th 11th 14th

C.

N/A

Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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## Defendant No. 3

Name  
Job or Title (if known)  
Shield Number  
Employer  
Address

CAPT KING  
CAPT. PREN CAPT  
OREGON DEPT OF CORRECTIONS (DOME)  
OFFICE OF POPULATION MGMT. 2575 CENTER ST  
SALEM OR 97301  
City State Zip Code

☒ Individual capacity ☒ Official capacity

## Defendant No. 4

Name  
Job or Title (if known)  
Shield Number  
Employer  
Address

CAPT CLAMER  
MANAGEMENT OF HOUSING UNIT  
OREGON DEPT OF CORRECTIONS  
2575 CENTER ST  
SALEM OR 97301  
City State Zip Code

☒ Individual capacity ☒ Official capacity

SEE ATTACHED

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☒ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

1ST, 4TH, 8TH, 11TH, 14TH 192.355(5) 291-210-0010: ODOC policy  
ON TRANSGENDER/INNERSEX AICS.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

SEE ATTACHED

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

SGT DISNEY WITH DEARBORN COUNTY SHERIFFS LEFT FOR MY LEFT RETIRED COP  
THIS FAILURE TO PROTECT OVER Gender and AIDS IN CUSTODY RECORDS FOR THIS REASON  
ON FILE VIDEO OF BARKING LOT UPON DATE RETIREMENT

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

SEE DRUGS AND GRENADES W/ MEDICAL RECORDS / X-RAYS  
AND ATTACHED RECORDS COPIES



C. What date and approximate time did the events giving rise to your claim(s) occur?

THESE ISSUES STARTED IN 2018 SEE DRS MEDICAL RECORDS

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

THE MEDICAL ISSUES WERE SEEN BY ORLANDO Gintillini (NIC CENTRAL MEDICAL) DRS FOR ASSAULTS AND SECURITY ISSUE INCLUDE 2) DAVID CLINE BACK/NECK ISSUES & RAYS ON FILE SCRATCHES BLEEDING PHOTOS TAKEN, 8 MONTHS AFTER OPEN HEART SURGERY LIKE SAME LIT. LATENT ATTACK SCRATCHES BRUISING ORION MEARS LIT. LATENT ATTACK THESE ALONG WITH SAFETY ISSUES AND EKG

SEE CREAVANCES, TORTS, PRIOR 1983 NEARBY CORPUS FOR AUTHORITY AND CONDITION

## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

1) X/RAYS 2) BRUISING BLEEDING 3) OPEN HEART, W/ EKG AFTER THE 2ND ATTACK (5) LACK OF MEDICAL ATTENTION ON THE WKS BEFORE OPEN HEART SURGERY AND 30 TOTAL STAYS IN DSU ALSO TORTS WERE DENIED TRIP TO ST ALFONZOS IN CALDWELL IDHO

COPIES TORTS INCLOSED WITH MEDICAL RECORDS

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Punitive 2.5 million MENTAL AND EMOTIONAL INJURIES W/ PHYSICAL PAIN, AND INJURIES  
Compensatory WHAT THE COURT FIND APPROPRIATE WITH ALL FEES AND COSTS. PLUS APOLOGY FOR  
Break Down MY SEX REASSIGNMENT SURGERY DUE TO DISCRIMINATION.  
4 FIGHTS OVER GENDER OR CHARGES WITH DISCRIMINATION  
+ 19 DSU STAYS FOR 2022 ALONE TOTAL OF 30 STAYS  
MEDICAL NEGLIGENCE EVIDENCE WITH OPEN HEART SURGERY  
\$ 300,000 FOR ALL 4 ATTACKS WITH 2,500,000 million for Heart Surgery  
19 STAYS W/ LOSS OF 189 DAYS GOOD TIME RETURNED  
THAT STAYS PUT AT TOP OF LIST TO BE DONE W/O WAITING  
AND RELEASE DUE TO FILING OF APPEAL FOR INJURY  
FILING REFUSED TO EXPEDITE

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Snake River Correctional Institution

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☒ Do not know

If yes, which claim(s)?



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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance? WITH ADA - GRIEVANCE COORDINATOR  
IN SNAKE RIVER CORRECTIONAL INSTITUTION

2. What did you claim in your grievance?

MEDICAL, STAFF HAS DISCRIMINATION

3. What was the result, if any?

MOSTLY DENIED (SEE INCLOSED)

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

MOST GRIEVANCES FILED AT SRI BY TRANSGENERS OR LGBTQ  
COMMUNITY FALL ON DEAF EARS OR WE NEVER GET THEM RETURNED

SEE INCLOSED

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

MAOSTLY DUE TO REPETITIVENESS OF COMPLAINTS/RETALIATION

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any: I INFORMED LT CANNON, LT HOUSTON, LT FRANKS. AND THERE FACIAL EXPRESSIONS WHERE LT GOOD ALSO CLO'S HAVE STOPPED OR SLOWED MAIL IN RETALIATION ALSO AIC'S THAT ARE INCLUDED IN DRS THERE FRIENDS ARE RETALIATING WITH DAILY THREATS.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I FILED TORT CLAIMS AND ONLY 1 WAS ACCEPTED AND NOTEDCHUCK EXHIBITS*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)***VIII. Previous Lawsuits**

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

\_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?



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☐ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

\_\_\_\_\_

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**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 2-23-23 / 2:03 PM

Signature of Plaintiff

Allieanna Charlynn Mahueron

Printed Name of Plaintiff

ALLIEANNA CHARLYNN MAHUEON

Prison Identification #

21809232

Prison Address

SALT 777 STANTON BLVD

ONTARIO

City

OR

State

97814

Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

**CERTIFICATE OF SERVICE**

CASE NAME: ALLIANNAC MAHLERON v. J. MILLER

CASE NUMBER: (if known) 2:22-cv-01549-MC

COMES NOW, ALLIANNAC MAHLERON, and certifies the following:

That I am incarcerated by the Oregon Department of Corrections at SRCE  
SNAKE RIVER CORRECTIONAL INSTITUTION 777 STANTON BLVD ENTARIO OR 97914

That on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I personally placed in the  
Correctional Institution's mailing service A TRUE COPY of the following:

I placed the above in a securely enclosed, postage prepaid envelope, to the person(s)  
named at the places addressed below:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
S.I.D. No.: